2015-1726

State of Washington

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000102	A. BUILDING: _____ B. WING _____	C 03/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BHC FAIRFAX HOSPITAL	10200 NE 132ND ST KIRKLAND, WA 98034

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 000	INITIAL COMMENTS This on-site State hospital complaint investigation was conducted in response to case/complaint # 55614/2015-1726 by Lori Daisley MBA, RN and Joan Pierce MSN, RN on 3/3/2015. One violation of the State Psychiatric Hospital for 246-322 was found. Shell # 3PVS11	L 000	PLAN OF CORRECTION: 1) You have 10 calendar days from receipt of this document to send your Plan of Correction. The due date is November 22, 2015. An acceptable Plan of Correction must include the following: 2) HOW the deficiency will be or was corrected - WHO is responsible for the correction - WHAT monitors will be put in place to assure continuing compliance - WHEN each deficiency will be corrected. Insert anticipated date of correction in far right column under "Complete Date." 3) Correction cannot take longer than 60 days without investigator approval. The administrator or representative's signature and signing date are required on the first (original) page and initials in the lower right hand corner on all other pages. 4) Please return the original investigative survey report and plan of correction to: Joan N. Pierce, MSN, RN, WA State Department of Health, Office of Investigations and Inspections, PO Box 47874, Olympia, WA 98504-7874.	
L 420	322-040.1 ADMIN-ADOPT POLICIES WAC 246-322-040 Governing Body and Administration. The governing body shall: (1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients; This Washington Administrative Code is not met	L 420		4/15/15

State of Washington 2015-1726

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000102	A. BUILDING: _____ B. WING _____	C 03/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BHC FAIRFAX HOSPITAL	10200 NE 132ND ST KIRKLAND, WA 98034

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 420	Continued From page 1 as evidenced by: Based on interview and record review the hospital failed to follow written policy and procedure for identifying, and investigating incidents to ensure patient safety for 1 of 3 patients (former Patient #1) reviewed for leaving the hospital against medical advice (AMA) and when 1 of 3 patients (Current Patient #2) reviewed for reported abuse during a skin assessment and subsequent reported allegation of unwanted sexual involvement. Failure to ensure hospital staff followed the hospital process for identifying Serious Events, conducting an investigation and implementing interventions in a timely manner placed all patients at risk of unidentified abuse. Findings: The Hospital Policy and Procedure Titled Incident Reporting: Healthcare Peer Review (HPR) Occurrence Reporting System dated 8/1/11 included Purpose: A. To improve patient care, ensure safe healthcare facility practices through concurrent identification of serious injuries, conducting timely peer review, evaluation of patient care and intervention to reduce occurrences. The Policy and Procedure definition included Serious Injuries/Events: Sexual involvement and AMA (Against Medical Advice) discharges. Interview on 3/3/15 with the Director of Nurse Services stated s/he was unaware of Patient #2 ' s reported allegation of sexual abuse during a skin assessment when staff examined her/his private areas.	L 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000102	A. BUILDING: _____ B. WING _____	C 03/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BHC FAIRFAX HOSPITAL	10200 NE 132ND ST KIRKLAND, WA 98034

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 420	Continued From page 2 Interview on 3/3/2015 with the Risk Manager stated s/he was not informed of the reported allegation of abuse involving Patient #2. A search for investigation reports related to Patient #2 was unsuccessful. Interview on 3/3/2015 with the Registered Nurse, Unit Manager (RN #D) at the time of the incident stated s/he had no knowledge of the allegation. Review of Patient #2's record revealed s/he was admitted to the hospital on 2/23/2015 for evaluation and treatment related to mental health disorder and self-inflicted injuries. On 2/24/2015 Patient #2 was placed in a room with Patient #3. Patient #3 had a known history of inappropriate sexual behaviors and assaults. An entry in the Clinical Therapist Progress Note dated 2/24/2015 for Patient #2 indicated the hospital was aware of the alleged abuse related to the skin assessment and staff inappropriately examining the patient's orifices. Hospital staff confirmed no investigation report was initiated for this allegation of abuse. Interview on 3/3/2015 with the Registered Nurse, Charge Nurse (RN #C) stated s/he was aware of a reported allegation which was communicated to a staff member by a written note. The handwritten note disclosed a second allegation of sexual involvement. RN #C was unsure of when this allegation about Patient #3 soliciting Patient #2 was reported but thought it was shortly after Patient #2 was admitted. RN #C stated s/he was unaware of investigations being initiated for the two reported allegations. A search for an investigation for this allegation was unsuccessful. The date this note was given to staff was unknown and was not available.	L 420		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000102	A. BUILDING: _____ B. WING _____	C 03/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BHC FAIRFAX HOSPITAL	10200 NE 132ND ST KIRKLAND, WA 98034

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 420	Continued From page 3 RN #C stated Patient #2 was moved to another room after the second allegation was reported. An entry in the Psychiatrist Progress Note dated 2/26/2015 revealed the patient requested a new roommate. There was no documentation to indicate moving the patient to another room was a planned intervention to protect the patient. No documentation was found in the record when this move was completed. Interview with the Unit Manager, Registered Nurse (RN #E) stated s/he had been on vacation for two weeks and was not informed of the allegations since her return. Although the process to investigate was not initiated for the allegations, the Unit Manager was able to verbalize the hospital's investigation process. S/he was unaware of where to find the policy and procedures related to this process. Interventions to separate Patients #2 and #3 were not documented when they were implemented to protect the resident(s). On 3/2/2015 a Nursing Order was written to implement a 5 foot distance between Patients #2 and #3. No documentation was found to explain the purpose of this intervention and/or if it was in response to the allegation. Review of the hospital complaint/grievance log failed to indicate the 2 allegations were identified, logged as an event which required investigation to rule out abuse. Interview with Licensed Staff, Nurse Managers revealed an investigation to rule out abuse was not initiated. Licensed staff were unable to consistently verbalize the complete hospital	L 420		

State of Washington 2015-1726

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	000102	A. BUILDING: _____ B. WING _____	C 03/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BHC FAIRFAX HOSPITAL	10200 NE 132ND ST KIRKLAND, WA 98034

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
L 420	Continued From page 4 process for identifying incidents/events which required reporting, investigating and implement appropriate interventions in a timely manner.	L 420		